

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003907

1. Entity Name

SPIRIT OF FLORIDA BOBSLED TEAM, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90121 015 ****70.00

Principal Place of Business

Mailing Address

1920 N.E. 28 AVE.
POMPANO BEACH FL 33062

1920 N.E. 28 AVE.
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0940028

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSMANN, NANCY

1920 N.E. 28 AVE.

POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUSMAN, NANCY
1920 N.E. 28 AVE.
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAUSMANN, NANCY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUSMAN, PAUL
1920 N.E. 28 AVE.
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAUSMANN, PHIL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHONBORN, MAUREEN
5040 NE 22 AVE
LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Hausmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954-985-3358

CR2E037 (9/01)